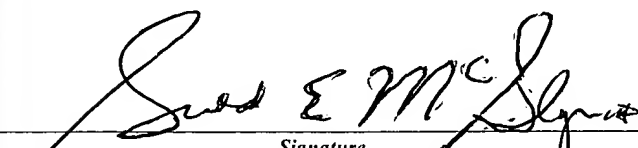
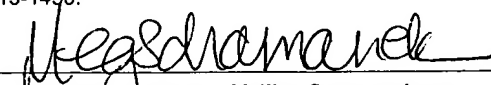


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|--|-------------------------------------|------------------------------------|---|---|-------------------|
| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | Docket No. 0182.00004 | |
| Applicant(s): Swanepoel | | | | | |
| Serial No. 09/806,807 | Filing Date April 3, 2001 | Examiner Balsis, Shay L. | | Group Art Unit 1744 | |
| Invention: A WINDSCREEN WIPER | | | | | |
| <u>TO THE COMMISSIONER FOR PATENTS:</u> | | | | RECEIVED DEC 08 2003 TC 1700 | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 14 - | 20 = | 0 x | \$18.00 | \$0.00 |
| INDEP. CLAIMS | 4 - | 4 = | 0 x | \$84.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |
| <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2712 <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. | | | | | |
|  Signature | | | Dated: December 2, 2003 | | |
| Gerald E. McGlynn, III Reg. No. 33,737 Bliss McGlynn, P.C. 2075 West Big Beaver Road Suite 600 Troy, Michigan 48084 | | | I certify that this document and fee is being deposited on 12/02/03 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  Signature of Person Mailing Correspondence Megan L. Schamanek Typed or Printed Name of Person Mailing Correspondence | | |
| CC: | | | | | |